

**DHMH, Prevention and Health Promotion Administration**  
**MADAP Advisory Board**  
Minutes—May 12, 2016

**APPROVED BY BOARD AT NOVEMBER 10, 2016 MEETING**

Members Present: Rebecca Brotemarkle; Stephanie Brooks-Wiggins; Jill Crank; Dr. Letha Healey; Kareem Karara; Jeanne Keruly; Morris T. Murray; Robyn Palmeiro; Neha Pandit; David Posner; Doug Rose; Janessa Smith; Diane Young  
Members Absent: Mathilda Fienkeng; Daniel Hendricks ; Dr. Leonard Sowah

Staff Present: Jeffrey Hitt; Donna Gugel; Onyeka Anaedozie; Mary Bahr; Arlette Lindsay; Hope Russell

Guests Present: Dina Akbar, Bristol-Myers Squibb; John Minneci, Johnson & Johnson; Chris Keeys, Clinical Pharmacy Associate; William Dozier, Gilead

Recorder: Hope Russell

Topic/ Issue	Discussion	Decisions/Assignments/Follow-up
1. Welcome and Introductions	Meeting was called to order by Chair, Mr. Jeffrey Hitt at 4:06 p.m. with a voting quorum present. He welcomed members and guests and introductions were made around the room. Conflict of Interest statements were collected.	
2. Approval of the Minutes	Mr. Jeffrey Hitt asked the Board to review the November 12, 2015 minutes for any changes and/or corrections. Ms. Mary Bahr, Center Chief for MADAP, said going forward we will ask for approval of minutes by e-mail in advance of the meeting.	Motion by Letha Healey, with Second by Morris T. Murray, to approve the minutes as submitted. All in favor, no opposed, no abstention. Motion
3. Infectious Disease Prevention and Health Services Bureau	<p>Mr. Jeffrey Hitt informed the board that the Legislative session was completed and the following were passed:</p> <ul style="list-style-type: none"><li>• <i>Providers are mandated to offer HIV testing to pregnant women in their third trimester.</i></li><li>• <i>Syringe Exchange – Bureau staff is working on implementation of the Bill and it expected to go into effect October 1, 2016. The Bill will allow local health departments, health officers and local community based organizations to apply to implement syringe exchange in their counties. The review will be processed by the Infectious Disease Prevention and Health Services Bureau and signed off by the local health officer.</i></li></ul> <p>Mr. Jeffrey Hitt said that there will be an adjustment in how the Bureau handles pharmaceutical rebates when there is State funding in the ADAP program. Because State generated funds do not have the same Federal restrictions. This will allow the Bureau to use State generated funds in places where there are gaps in Federal funding which includes support for co-payments for PrEP.</p>	

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4. State-Wide HIV Plan Update	Mr. Jeffrey Hitt presented the HIV Plan update which was followed by a discussion among the board.	
5. Client Services Report – MADAP and MADAP Plus	<p>Ms. Mary Bahr reported that there was an increase of 170 MADAP clients from last year. The percentage of individuals that used MADAP benefits were 74% in the first quarter compared to 76% last year. Compared to a year ago the program added 230 people to the MADAP insurance.</p> <p>The client demographic remain the same. African Americans are the highest racial group in Maryland with HIV infection. The highest age group is between 45-65 years. There are 570 clients who are currently uninsured. On average MADAP has 5,400 clients enrolled per month.</p> <p>Ms. Mary Bahr reported that the program is working to improve the ability to ensure that premium payments for clients with plans that begin on January 1<sup>st</sup> are made in a timely fashion. Unfortunately, over 100 clients were dropped off of CareFirst rolls at the end of January 2016 – some of which were due to late premium payments. These clients have been reinstated. Over this past open enrollment MADAP has continued to develop and strengthen relationships with CareFirst and Exchange Officials. Weekly calls are held and client issues triaged. Since the majority of MADAP Plus clients have plans that begin January 1<sup>st</sup> – the program will be adding additional trained staff to the processes prior to the next open enrollment to facilitate insurance verification and payment processing. The program is also looking at moving the MADAP enrollment period for about 400 clients out of the ‘open enrollment’ period so clients do not have to deal with both MADAP recertification and insurance enrollment at the same time.</p>	
6. MADAP Formulary Updates and Activities	<p>Ms. Arlette Lindsay, MADAP’s Clinical Advisor, reported that the program added Harvoni, Viekira Pak, Solvaldi, Olysio and Daklinza to the formulary. The final version of the Hepatitis C Prior Authorization requirements is as follows:</p> <p><b>Prior Authorization Request form</b> – For persons getting initial treatment.</p> <p><b>Continuation form</b> – For persons following the first eight-week authorization. Persons newly approved will receive authorization for the initial eight-week period. Notice will go out to the provider which will include the approval dates and a secondary form with instructions to complete the form. The due date will be a six-week interval. If the regimen requires a longer treatment time then the Continuation form will be completed at this time. There is a three to five business day’s turnaround time for the approvals.</p>	

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7. MADAP Formulary Drug Recommendation Review	<p>Ms. Arlette Lindsay reported that two more Hepatitis C drugs were added to the formulary on an interim basis: <i>Zepatier and Technivie</i>. Also, the following drugs were added to the formulary since November 2015: Combivent, Prevnar 13, Genvoya, Odefsey, and Descovy.</p> <p>Board member asked if primary insurance does not approve an individual for the drug if MADAP will have a problem approving them. Ms. Arlette Lindsay responded that the program's current operational policy is: If an individual is denied coverage we need the denial in writing. The program also needs an appeal and a second denial. MADAP will then cover the drugs if the individual's insurance will not cover it.</p> <p>A Board member inquired as to why MADAP did not have any long-acting, reversible contraception (LARC) on the formulary. The response was that no one had asked.</p>	<p>Motion by Morris T. Murray to adopt the new drugs to the permanent formulary with second by Stephanie Brook-Wiggins. All in favor, no opposed, on abstention. Motion passed.</p> <p>The Formulary Addition Request Form was sent to the members on May 20, 2016.</p>
8. Other Business and Announcements	<p>Board member announced that Dr. Patrick Chaulk, Assistant Commissioner, Baltimore City Health Department, will be presenting to the Presidential Advisory Council on HIV/AIDS (PACHA) on May 24, 2016 on "Baltimore HIV and Women." HRSA will be there to take recommendations back to the White House.</p> <p>Mr. Jeffrey Hitt announced that there will be a press release about MADAP adoption of HCV drugs coming out soon.</p>	
9. Adjournment	Following a motion for adjournment, the meeting was adjourned by Mr. Jeffrey Hitt at 6:05 p.m.	Motion by Stephanie Brooks-Wiggins, with Second by Morris T. Murray, to adjourn the meeting.

**Dates of Upcoming Advisory Board Meetings:**  
**November 10, 2016**  
**Meeting time: 4 – 5:30 p.m.**

**Minutes submitted by: Hope Russell**